United States District Court

for the

District of Oregon

Eugene Division

) Case No. 6:19-CV-00149-MK
HAMID MICHAEL HEJAZI, ET AL, Individual, Class, Pro Se;) (to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)) Jury Trial: (check one) Yes No)
-v-)
MARK ESPER, Secretary, Department of the Army, the UNITED STATES DEPARTMENT OF THE ARMY, Agency, and U.S. EQUAL EMPLOYMENT OPOORTUNITY COMISSION, Agency.))))
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	HAMID MICHAEL HEJAZI, ET AL (Individual, Class, Pro Se)
Street Address	General Delivery, 50 W 5 th Avenue
City and County	Eugene, Lane County
State and Zip Code	Oregon, 97401
Telephone Number	(541) 579-2001
E-mail Address	michaelhejazi@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1	
Name	MARK ESPER
Job or Title (if known)	Secretary, Department of the Army
Street Address	101 Army Pentagon
City and County	Washington, Washington County, DC
State and Zip Code	District of Columbia, 20301-1000
Telephone Number	(703) 697-7589
E-mail Address (if known)	
Defendant No. 2	
Name	UNITED STATES DEPARTMENT OF THE ARMY
Job or Title (if known)	ONTED STATES DEL'ARTMENT OF THE ARMIT
Street Address	1500 Defense Pentagon
City and County	Washington, Washington County, DC
State and Zip Code	District of Columbia, 20301
Telephone Number	(703) 697-7589
E-mail Address (if known)	
Defendant No. 3	
Name	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Job or Title (if known)	
Street Address	131 M Street, NE
City and County	Washington, Washington County, DC
State and Zip Code	District of Columbia, 20507
Telephone Number	(202) 663-490
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

Wha	t is the b	asis for	federal court juris	diction? (check all that apply)	•
	⊠ Fed	leral que	stion	☐ Diversity of citizensh	ip
Fill c	out the p	aragraph	s in this section t	hat apply to this case.	
A.	If the	e Basis f	for Jurisdiction I	s a Federal Question	
		-	fic federal statute this case.	s, federal treaties, and/or provision	ons of the United States Constitution that
			• •	nent of individuals with disabiliti S. Const. art. XIV.	ies., 5 U.S. Code §706. Scope of review.,
В.	If the	e Basis f	for Jurisdiction l	s Diversity of Citizenship	
	1.	The l	Plaintiff(s)		
		a.	If the plaintiff	is an individual	
			The plaintiff,	(name)	, is a citizen of the
			State of (name)		
		b.	If the plaintiff	is a corporation	
			The plaintiff,	(name)	, is incorporated
			under the laws	s of the State of (name)	
			and has its pri	ncipal place of business in the St	ate of (name)
			-	ntiff is named in the complaint, a each additional plaintiff.)	ttach an additional page providing the
	2.	The l	Defendant(s)		
		a.	If the defenda	nt is an individual	
			The defendant	, (name)	, is a citizen of
			the State of (no	ime)	. Or is a citizen of
			(foreign nation)		·

	b.	If the defendant is a corporation	
		The defendant, (name)	, is incorporated under
		the laws of the State of (name)	, and has its
		principal place of business in the State of (name)	
		Or is incorporated under the laws of (foreign nation)	
		and has its principal place of business in (name)	
	, ,	ore than one defendant is named in the complaint, atto information for each additional defendant.)	ach an additional page providing the
3.	The A	Amount in Controversy	
		mount in controversy—the amount the plaintiff claims—is more than \$75,000, not counting interest and costs	

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On or about August 9, 2017 the Oregon National Guard, the United States Department of the Army, the United States Department of Defence, discriminated against me unlawfully when they rejected my application for recruitment into the army as a full time medical officer on the basis of my having been diagnosed with Attention Deficite Hyperactivity Disorder (ADHD) after age 13, merely on paper, which, with or without accomodation, deemed me unfit unto itself, with no other evaluation of my fitness for the essential functions of the position for which I was applying, and as such 29 U.S. Code §791. Employment of individuals with disabilities. was violated, along with U.S. Const. art. V and U.S. Const. art. XIV. On October 31, 2018, the US Equal Employment Opportunity Commission finally and illegally rejected my complaint, Request No. 0520180570.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

- 1. \$50,000,000.00 in actual damages for lost wages, opportunitities, injury to dignity and reputation, pain and suffering, wholesale social exclusion, civil rights violation, and segragation of a portion of the population;
- 2. Certiorai, reversing the dismissal of this matter before the Equal Employment Opportunity Comission;
- 3. Mandamus, declartory injunction agianst unlawful discrimination by the United States Department of the Army, ordering compliance, and quashing all laws under the court's jurdisdiction which controvene the same;
- 4. Any and all remdies deemed just and proper.

V. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	01/30/2019
Signature of Plaintiff Printed Name of Plaintiff	HAMID MICHAEL HEJAZI, ET AL
For Attorneys	
Date of signing:	01/30/2019
Signature of Attorney	
Printed Name of Attorney	Pro Se
Bar Number	
Name of Law Firm	
Street Address	General Delivery, 50 W 5 th Avenue, Eugene
State and Zip Code	Oregon, 97401
Telephone Number	(541) 579-2001
E-mail Address	michaelhejazi@gmail.com